



Transportation Voucher Certification Branch (TVCB) Personally Procured Move (PPM)

How to correctly assemble and submit your PPM Claim

6 Oct 16





INTRODUCTION

The following slides will show:

- the correct way to assemble/submit a PPM claim
- documents/information required to process a claim for payment
- provide you with important dos and don'ts
- help you receive your PPM incentive payment in an accurate and timely manner

PPM claims received without required documents/information
WILL lead to payments being delayed.



REQUIRED DOCUMENTS

(SUBMIT IN THIS ORDER)

- ❖ Direct Deposit form (Optional): ONLY Marines who are retiring/separating can change banking information with this form-all others contact IPAC
- ❖ DD form 2278
- ❖ Paid rental contract(s)/Privately Owned Vehicle/Trailer (POV/POT) registration(s) *be sure to include all pages of rental contracts
- ❖ DD form 1351-2
- ❖ Voucher for advance payment (if received)
- ❖ Weight tickets (certified/legible/adequately descriptive) **weight tickets must list what is on scale, including what is being towed
- ❖ Personally Procured Move (PPM) checklist and certification of expenses
- ❖ Separation or Web Orders (with travel SDN)
- ❖ Receipts (fuel, tolls, weight tickets, packing supplies, etc. LABELED)
- ❖ Power of Attorney (POA) – if applicable



DIRECT DEPOSIT FORM

(OPTIONAL*)

*ONLY Marines who are retiring/separating can change banking information with this form included with their PPM claim

All other Marines contact your IPAC for guidance – DO NOT SUBMIT THIS FORM WITH YOUR CLAIM-
Your claim cannot be processed for payment until the new banking information has been changed through IPAC/DFAS

Members are advised to not make changes to their banking account until all payments have been received

<http://www.gsa.gov/portal/getFormFormatPortalData.action?mediaId=18294>

Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury
Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)	D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
ADDRESS (street, route, P.O. Box, APO/FPO)	E DEPOSITOR ACCOUNT NUMBER
CITY STATE ZIP CODE	F TYPE OF PAYMENT (Check only one)
TELEPHONE NUMBER AREA CODE	<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay
B NAME OF PERSON(S) ENTITLED TO PAYMENT	<input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active
	<input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire.
	<input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor
	<input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ (specify)
C CLAIM OR PAYROLL ID NUMBER	G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)
Prefix Suffix	TYPE AMOUNT
PAYEE/JOINT PAYEE CERTIFICATION	JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.	I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
SIGNATURE DATE	SIGNATURE DATE
SIGNATURE DATE	SIGNATURE DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
-------------------------------	----------------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER CHECK DIGIT
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	DEPOSITOR ACCOUNT TITLE
FINANCIAL INSTITUTION CERTIFICATION	
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.	
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE TELEPHONE NUMBER DATE
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE. Reset	

Financial institutions should refer to the GREEN BOOK for further instructions.

NSN 7540-01-056-0224 **PAYEE COPY** 1199-207
Designed Using Perfom Pro; VHS/DIOR, Mar 97



DD FORM 2278

Obtained via www.move.mil Official DPS Portal

DD Form 2278

- ☐ Be sure highlighted fields are completed
- ☐ Block 5 – needs to be your current mailing address incase we need to contact you; your payment will be direct deposit, no checks are issued
- ☐ Block 9 – these cost computations are ESTIMATES ONLY based on the ESTIMATED WEIGHT and the origin & destination listed in Block 7.a.
- ☐ Block 10 – MUST have your signature and the signature of the DMO Counselor – ONLY EXCEPTION-DMO is other than USMC and utilize electronic signatures
- ☐ DO NOT PEN CHANGE THIS FORM

APPLICATION FOR DO IT YOURSELF MOVE AND COUNSELING CHECKLIST (Read Privacy Act Statement on back before completing form.)		1. DATE PREPARED (YYYYMMDD)	2. SHIPMENT NUMBER
3. MEMBER OR EMPLOYEE INFORMATION			
a. NAME (Last, First, Middle Initial)	b. RANK/GRADE	c. SSN	d. AGENCY
4. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING ORDERS:			
a. TYPE ORDERS (X one) LOCAL PERMANENT TEMPORARY	b. DATE OF ORDERS (YYYYMMDD)	c. ISSUED BY	
	d. NEW DUTY ASSIGNMENT	e. ORDERS NO.	f. NUMBER OF MILES
g. NAME OF PREPARING OFFICE		h. PAYING (AFO/P&AO) NAVY AND MARINE CORPS	
5. SEND CHECK TO: (Complete address)		6. STATE OF LEGAL RESIDENCE	
7. ENTITLEMENTS (X and complete as applicable)		8. MEMBER RESPONSIBILITY (X and complete as applicable)	
a. Option of GBL (Van) and/or DITY move (nontemporary storage).		a. Operating allowance (amount):	
b. DITY move authorized from to		b. Pick up rental vehicle and ensure safe operation. Pick up date (YYYYMMDD):	
c. ITO/TMO provided with accurate estimate weight of HHGs.		c. Empty/loaded weight tickets required for each trip made. Use government, public, commercial scales.	
d. Maximum authorized weight.		d. Name, rank, Social Security Number, Weighmaster's signature required on each weight ticket.	
e. Unauthorized items (POV's, flammables, etc.).		e. Trailers weighed attached to prime mover (no passengers aboard - weigh entire unit at same time).	
f. Power of Attorney, if required.		f. DITY moves require DD Form 1351-2.	
g. Type of vehicle authorized (POV).		g. DD Form 2278 and weight tickets must be submitted to paying office/TMO/ITO to receive incentive payment. Provide Rental Contract (not required for Air Force and Army.)	
h. Loss or damage - maximum government liability.			
i. Temporary storage.			
9. COST COMPUTATION			
a. ESTIMATED CONSTRUCTIVE COSTS		b. PAID BY DSSN	
(1) MTMC RATE SOLICITATIONS PLUS \$5.00 PER CWT X EST. WT. OR WT. ALLOWANCE	\$	c. VOUCHER NO.	
(2) LOCAL RATE PER CWT X EST. WT. OR WT. ALLOW.	\$	d. DATE (YYYYMMDD)	
(3) ESTIMATED GROSS INCENTIVE	\$	e. I agree to furnish two weight tickets within 45 days from the start of this move. If I fail to do so, I voluntarily consent to collection of all government costs of this move from my pay. I also voluntarily consent to collection of any unearned advance operating allowance up to a maximum of \$ from my pay.	
(4) ADVANCE OPERATING ALLOWANCE	\$		
NO INCENTIVES WILL BE PAID WITHOUT ACCEPTABLE WEIGHT TICKETS AND OTHER REQUIRED DOCUMENTS.			
10. I CERTIFY THAT I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES AND CONDITIONS PRINTED ON THIS FORM.			
a. SIGNATURE OF MEMBER/AGENT	b. DATE SIGNED	c. SIGNATURE OF COUNSELOR	d. DATE SIGNED
11. CERTIFICATION OF ITO/TMO			
a. ACTUAL CONSTRUCTIVE COSTS			
(1) RATE PER CWT PLUS \$5.00 x ACTUAL WT. OR WT. ALLOW.		(2) LOCAL RATE PER CWT X ACTUAL WT. OR WT. ALLOW.	
= \$ 0.00		= \$ 0.00	
b. CONSTRUCTIVE COST OF GBL OR		LOCAL MOVE IS \$	
(Attach copies of acceptable tare and gross tickets.)			
12. TMO ACCT. DATA:			
a. TYPED OR PRINTED NAME	b. SIGNATURE	c. DATE SIGNED	

DD FORM 2278, SEP 1998

REPLACES AF 417, MAY 82, AND PREVIOUS EDITIONS OF DD 2278, WHICH ARE OBSOLETE.

Adobe Professional 8.0



POV REGISTRATION

Illinois Vehicle Registration Renewal Notice

Vehicle Year 2009	Vehicle Make DODGE	VIN
Expiration Date 02/28/2013	Plate Number B1234567	County 090 TAZEWELL
Renewal Fee \$99.00		

REGISTRATION ID: 12345 678 PIN: 1234 IF PAID AFTER 03/31/13 FEE IS \$119.00

If mailing return to:
Secretary of State, License Renewal
3701 Winchester Rd., Springfield, IL 62707-9700

1P234567 ++12345P +++ (+++00990000

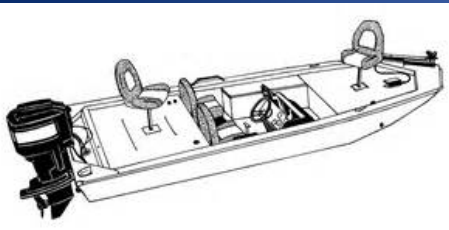
Your Name
1234 Any Street
Anytown, IL 12345-6789



- Must submit POV registration
- If anything is borrowed, include signed statement of permission from the owner.



Note: Registration is needed if moving a boat, motorcycle or ATV (etc.)



SAMPLE STATEMENT OF PERMISSION

I, _____, give _____ permission to use my _____ to move their household goods from _____ to _____.

Owner Signature

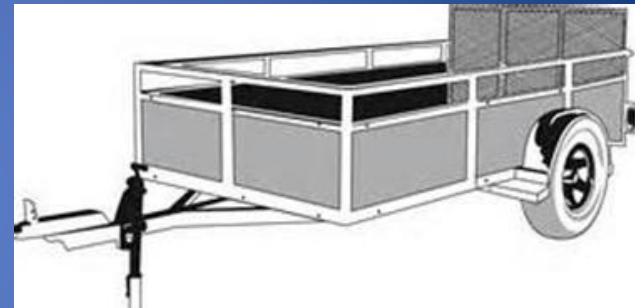


PRIVATELY OWNED TRAILER (POT) REGISTRATION

MEMBER CAN RECEIVE THE WEIGHT OF THE UTILITY TRAILER USED IN A PPM AS DEFINED BY THE JTR: utility trailers, with or without tilt beds, with a single axel, and an overall length of no more than 12 feet (from rear to trailer hitch), and no wider than 8 feet (outside tire to outside tire). Side rails/body no higher than 28 inches (unless detachable) and ramp/gate for the utility trailer no higher than 4 feet (unless detachable).

Claim must include a copy of the trailer registration/
title/bill of sale to show ownership

*If trailer is borrowed, include signed
statement from the owner giving you
permission to use*



Can use to move



Note: Member CAN utilize an enclosed trailer but weight of the trailer **WILL NOT** be counted towards your weight allowance. Empty weight ticket MUST include trailer

*If state does not require trailers to be registered, include a signed written
statement to that effect*

DO NOT GET WEIGHT



Rental Expenses

Make sure that all pertinent information is legible:

- ☐ Name
- ☐ Date of rental period
- ☐ Description of rental
- ☐ Amount billed/paid
- ☐ Pick up/Drop off locations

If the contract you are assembling is faint/light
When you have written info on the document

RENTAL AGREEMENT:
Customer Information
ATTN: WILLIAM FEATHERS

Rental Period
Due: 08/22/14
Out: 08/13/14

Odometer
Out: 14496
Free: 0
Extra: 0

Employees KLIND

Destination Dealer
RAPID RENTAL
1890 NORTH 200 WEST
ANGOLA, IN 46703
(260) 665-7383
Dealer Number: 467038
Fuel or Optional Refueling Service Available

Comments:
I Save 15% Off Your Next Truck Rental!
For reservations,
call 1-800-462-8343 and mention coupon code RA152 or
visit us at budgettruck.com and enter promotion code RA152
For terms and conditions go to www.budgettruck.com/RA152
This discount does not apply to
commercial accounts or contracted rates.

Rental Information
OPEN 08/13/14 11:00 AM CUST. REF. # 1888196401366
267 DIESEL RAMP
DISCOUNT (15.00%)
PHYSICAL DAMAGE WAIVER 0 RESP 9 Days @ Flat Rate
STD STATE LIABILITY 9 Days @ Flat Rate
AUTO TRAILER #: 122536 9 Days @ Flat Rate
HAND TRUCK 9 Days @ Flat Rate
Moving Supplies Total
COST RECOVERY FEE — 9 DAY(S) @ 3.50
ENERGY RECOVERY FEE — 9 DAY(S) @ 0.13
(*)Sales Tax @ 9.00%, (H)Rental Tax @ 0.00%
Furniture Pads
Rental Total
Deposit Amount
Less: Deposit/Previous Payments
Amount Due Budget

Vehicle Information
Veh. No: 338342
Towing: 2012 CHEVROLET
EQUINOX

Driver's Information
Name: [REDACTED]
License: [REDACTED]
Age: 04, USA

Payments Approval
VI [REDACTED]

Summary
Total = 0.00



<https://itg.ubhaul.com/contractPrinting/receipts/2365E5C1-B627-4AFC-B267-5EEA840F73...> 4/27/2015

Must also show that it has been paid in full.

MAKE SURE LEGIBLE



Page 1 of 1

Contract No. 01602514 13:00 PM		Over-Way Return (O)	
Customer Name [REDACTED]		[REDACTED]	
Return Date/Time 5/16/2014 3:04 AM		Return Date/Time 5/13/2014 3:00 AM	
Days Allowed: 1		Days Allowed: 30.0	
Dispatching Location [REDACTED]			

Truck Details		Amount
Truck DC - 14' Truck - DC 33067		
Mileage: OUT = 78745.0 IN = 78844.0		
Extra Miles (0.0 MI @ \$0.40/MI)		\$27.40
Total Truck Charges		\$27.40
TOTAL Equipment Charges		Amount
Sub Totals		\$27.40
Contract Tax		\$1.00
Grand Totals		\$28.40
Previous Paid		\$0.00
Credit Card Payment		\$28.40
Net Paid Totals		\$28.40

I confirm that during the term of my rental there was not an accident involving the rented U-Haul equipment and no incidence where this equipment struck or otherwise caused damage to any person or property either while on a public road or private property. There was no injury or damage sustained by me or any other driver or passenger of this equipment.

Customer Signature: **[REDACTED]** Agent Signature: **(32910)**
 How are we doing? Please go to <http://www.uhaul.com/review> and let us know if you received the level of quality and service you expect from this U-Haul location.

<https://tfg.uhaul.com/contractPrinting/receipts/@1EC9122-A7EA-491B-A80B-36467D757...> 4/27/2015



RENTAL EXPENSES

Rental Examples



Some rental contracts are more than one page – be sure to include all pages of your contract that list the description of what was rented, amount billed/paid etc.

Rental Agreement Cover Sheet

CUSTOMER COPY

Rental Agreement #: [REDACTED] **HOUSEHOLD ONEWAY**

Created by: [REDACTED] **Pick Up Date:** 09/06/14 07:35 PM

Entered At: [REDACTED] **Expected Return Date:** 09/13/14 07:35 PM

Status: COMPLETED

Customer Name: [REDACTED] **Changed On:** 09/06/14 02:29 PM

Created On: 09/06/14 02:29 PM

24/7 Roadside Assistance: 1-800-526-0799

BILLING INFORMATION

Invoice #: [REDACTED] **PO #:** [REDACTED] **Billing Cycle:** Weekly

Bill Start Date: 09/06/14 07:35 PM

Remit To: [REDACTED] P.O. BOX 7429 PASADENA, CA 91109-7429 USA

CHARGES

Type	Quantity	Unit of Measure	Rate	Charge
Unit #9262215		Trip	\$1,728.00	\$1,728.00
Special Discount: 10.0%				(172.90)
Web Discount: 10.0%				(165.61)
Unit #9267052		Trip	\$327.00	\$327.00
Special Discount: 10.0%				(32.70)
LDW \$0 Responsibility		Trip	\$102.00	\$102.00
Hand Truck	1	EA	\$20.00	\$20.00
Special Discount(100.0%)				(20.00)
Extra Days @ \$100.00/day	1	EA	\$50.00	\$50.00
Special Discount(100.0%)				(50.00)
environmental fee	1	DY	\$9.00	\$9.00
			SUBTOTAL:	\$1,636.79
TAXES				
CA SALES TAX				\$130.30
			TOTAL DUE:	\$1,942.09
PAYMENTS AND REFUNDS				
Pay Type	Trans	Date	Card #	Approval Code
				09/06/2014
				(1,942.09)
				PAYMENT:
				NET DUE: \$0.00

Page 2



Rental Expenses

Example

Customer ID
Name
Address

Credit card
Expires 02/16
Auto Pay Yes
04/16/14 1,182.20 charged
05/05/14 1,337.80 charged

Scheduled moves
No scheduled moves at this time

Qty	Terms	Description	Amount	Tax	Total
1	Monthly recurring	Contents Protection \$ 10,000	49.95	0.00	99.95
1	One time charge	Contents Protection Transit Fee	50.00	0.00	0.00
1	Monthly recurring	Contents Protection \$ 10,000	49.95	0.00	49.95
1	Monthly recurring	Monthly rental of 16' container #1	219.99	14.00	703.98
1	One time charge	Local Handling Fee #1	199.99	0.00	0.00
1	One time charge	Delivery to 28540 #1	200.00	0.00	0.00
1	One time charge	Corporate discount (admin) #1	-10.00	0.00	0.00
1	One time charge	Weight Ticket Empty #1	40.00	0.00	0.00
1	One time charge	Weight Ticket Full #1	40.00	0.00	0.00
1,264	Per mile	Transportation mileage of 16' container, 213.44	96.55		1,337.80
1	One time charge	Corporate discount (mileage) #1	-60.67	0.00	0.00
1,264	One time charge	Fuel Subsidy #1	89.48	0.00	0.00
1	One time charge	Delivery to 74804 #1	99.84	8.49	108.33
1	Monthly recurring	Monthly rental of 16' container #1	219.99	0.00	219.99
TOTAL CHARGES					2,520.00

Tenant acknowledges that it is the Tenant and agrees that unless Tenant contracts that the Tenant deems adequate from with full responsibility for all losses.

This Transaction Summary is hereby incorporated into the Rental Agreement between Tenant and Lessor.

Tenant's signature

Date

* SHOULD YOUR DESTINATION LOCATION CHANGE

SUBJECT TO CHANGE

Example

If PODS/You-Pack/We-drive company is used, be sure all charges are listed as shown in the example.

Make sure all pertinent information is legible:

Name, origin, destination, date, amount billed and paid, etc.

Reservation cannot be accepted in lieu of paid invoice

Contractor must provide weight tickets as if you were moving your HHG; the Contractor must provide empty and full weight tickets at origin and a full weight ticket at destination



DD Form 1351-2

All of the highlighted fields are required.

Be sure to sign block 20a.

DD Form 1351-2

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check				SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$			
2. NAME (Last, First, Middle Initial) (Print or Type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable) <input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA			
6. ADDRESS: a. NUMBER AND STREET		b. CITY	c. STATE	d. ZIP CODE			
7. E-MAIL ADDRESS							
8. DAYTIME TELEPHONE NUMBER & AREA CODE		9. TRAVEL ORDER AUTHORIZATION NUMBER		10. FOR D.O. USE ONLY			
11. ORGANIZATION AND STATION		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)		a. D.O. VOUCHER NUMBER			
12. DEPENDENT(S) (X and complete as applicable) a. ACCOMPANIED b. NAME (Last, First, Middle Initial) c. RELATIONSHIP d. DATE OF BIRTH (or MARITAL STATUS)		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES <input type="checkbox"/> NO (Explain in Remarks) <input type="checkbox"/>		b. SUBVOUCHER NUMBER			
15. ITINERARY a. DATE b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		MEANS/ MODE OF TRAVEL		c. PAID BY			
16. POC TRAVEL (X one) a. OWN/OPERATE b. PASSENGER		17. DURATION OF TRAVEL 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS		d. COMPUTATIONS			
19. REIMBURSABLE EXPENSES a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED		20. CLAIMANT SIGNATURE a. REVIEWER'S PRINTED NAME b. SIGNATURE c. TELEPHONE NUMBER d. DATE		e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due			
21. APPROVING OFFICIAL'S PRINTED NAME a. SIGNATURE b. TELEPHONE NUMBER c. DATE		22. ACCOUNTING CLASSIFICATION		23. COLLECTION DATA			
24. COMPUTED BY 25. AUDITED BY		26. TRAVEL ORDER AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)			
28. AMOUNT PAID							


DD FORM 1351-2, MAY 2011

PREVIOUS EDITION IS OBSOLETE.

Exception to SF 1012 approved by GSA/RMS 12-01
Adobe Professional 8.0



VOUCHER FOR ADVANCE PAYMENT

 **UNITED STATES MARINE CORPS**

IN REPLY REFER TO
4050
Code 470

MEMBERS RESPONSIBILITY

From: [REDACTED] SSN# [REDACTED]
To: Marine Corps Logistics Base, Albany GA, DITY move section

Subj: RECEIPT OF ADVANCE PAYMENT FOR DITY MOVE

1. I [REDACTED] did [REDACTED] or didn't [REDACTED] receive advance payment in the amount of \$ [REDACTED] for my Do-It-Yourself move (DITY).

[REDACTED]
Signature / Date

2. Submit this letter with the rest of the paperwork in an 8-1/2" by 11" envelope for DITY move to:

Transportation Voucher Certification Division (TVCD)
Code 470
814 Radford Blvd - Suite 20318
Albany, GA 31704-0318

- ☐ If advance was listed on DD Form 2278 [9(a)(4)], whether it was received or not, the Advance Voucher Sheet, or an alternative confirmation/denial of receipt of the Advance Operation Allowance is required.
- ☐ If an advance was neither received nor noted on DD Form 2278, this form is not required.
- ☐ <http://www.logcom.marines.mil/portals/184/docs/sites/tvcd/files/Advance-pay-receipt.pdf>

CAMP PENDLETON
1 MEF
MARFORPAC, BOX #555002
CAMP PENDLETON, CA 92055-5002

TRAVEL VOUCHER
VOUCHER NO.: [REDACTED]
PAID BY [REDACTED]

DATE VOUCHER PREPARED: 07/30/14
PAID BY DSSN: 6187
PAYMENT FOR TRAVEL SETTLEMENT

Section 1: Personal Information

PAYEE'S
NAME [REDACTED]
AND [REDACTED]
ADDRESS [REDACTED]

PAYEE (LAST NAME, FIRST, MI) [REDACTED] RANK OR GRADE [REDACTED] SOCIAL SECURITY NUMBER [REDACTED]

This is your travel voucher for the travel period indicated below. Questions or comments that you have regarding this voucher can be addressed by calling: Travel issues or CIV PCS issues, please call 1-888-332-7366. For DTS vouchers, please contact your local DTS Administrator.

Section 2: Summary of Entitlements - Includes all allowed reimbursements net of any previous government payments/advances.


TRAVEL ORDER	ORDER DATE	TRAVEL PERIOD
[REDACTED]	[REDACTED]	06/19/14 - 07/22/14
ENTITLEMENTS		
PER DIEM		0.00
REIMBURSABLE EXPENSES		0.00
TOTAL ENTITLEMENTS		\$ 0.00
LESS: PARTIAL PAYMENT DEDUCTED		0.00
TRAVEL ADVANCE DEDUCTED		0.00
GOVT CHARGE CARD PAYMENT		0.00
WCD: 6798		
CHECK NUMBER [REDACTED]	DATE PAID: 07/30/14	AMOUNT PAID TO TRAVELER \$940.31
REMARKS		
LOCATION	FROM TO	PER DIEM #DAYS M&IE
		0.00 *
*FIRST AND LAST DAY OF TRAVEL @ 75% OF M&IE		LODGING 0.00
		AMOUNT 0.00
		TOTAL \$0.00
EXPENSES		REIMBURSEMENT REQUESTED 0.00 ALLOWED 0.00

Travel Voucher showing advance may be substituted for confirmation of advance payment.



VOUCHER FOR ADVANCE PAYMENT

Travel Voucher from myPay

myPay 

Help | Main | Exit

Click On The Voucher Number below to View your Travel Voucher.

Voucher Number	Travel Order Number	Date Paid	Amount Paid	DSSN
852234	TB1KYQ	04/07/16	2932.49	6187

☒ LAST 30 DAYS
☐ LAST 60 DAYS
☐ LAST 90 DAYS
☐ LAST 180 DAYS

[Search Again](#)

SS-180

Travel Voucher View is available for Vouchers paid by all DFAS sites within the last six (6) months.

This document may also be substituted for confirmation of advance payment

EXAMPLE



WEIGHT TICKETS

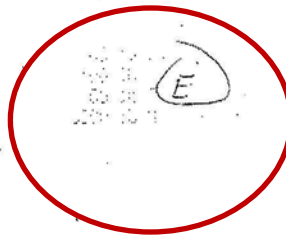
Legible copies of certified empty and full weight tickets

THIS FORM IS SUBJECT TO THE PRIVACY ACT (NAVMC 11000)

WEIGHT CERTIFICATE

John A. Doe Cpl
 CUSTOMER 123454321 RANK USMC
 SSN UHAUL AGENCY
 CARRIER/VEHICLE TYPE V678967
 VEHICLE # 665784
 VEHICLE ID # QUANTICO, VA
 DESTINATION/BLDG. #
 GBL/DOC # P.O. #
 COMMODITY 'JOHN A DOE'
 SHIPPER 'WEIGHMASTER'
 WEIGHMASTER
 MCBCL 4600/2 (REV 2-95)

TRAFFIC MANAGEMENT OFFICE
 MARINE CORPS BASE
 CAMP LEJEUNE



BAD

GOOD

Weight tickets not adequately descriptive is the biggest issues resulting in delay of processing claims for payment

DISTRIBUTION MANAGEMENT OFFICE
 Marine Air Ground Task Force Training Command
 Twentynine Palms, California 92278-8151
 Ph: 760-830-6119

4687

Member: JANE A. DOE Rank: SSGT SSN: 987656789
 Destination City/State: JACKSONVILLE, NC
 Driver's Signature: 'JANE A. DOE' Date/Time: 2/23/15, 3:15pm
 COMMODITY: HHG Personally Procured Move (PPM)
 AUTO LICENSE: LMK5532
 TRUCK LICENSE: 426MDVB
 RENTAL LICENSE: ADJ213 PENSKE
 TRAILER OR OTHER LICENSE: NO
 TRAILER: YES / NO
 Gas: 1/4 1/2 Full Spare tire: Yes No
 Weigh-in: full 56
 ID#: 4687
 03:47 PM 02/06/15
 29460 lb
 WEIGHMASTER: LCPL MIKE
 SIGNATURE: 'LCPL MIKE'

UPDATE 100316

SPECIFIC REQUIREMENTS FOR WEIGHT TICKETS:

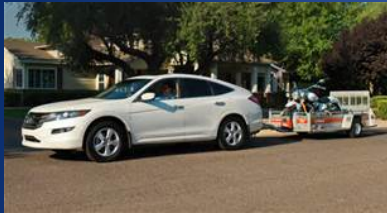
- * Empty AND Full weight tickets for each vehicle/trailer/ moving company truck/etc. used to transport HHGs at origin plus a full weight ticket at destination (3 tickets)
- TDY-new full and empty for each leg
- * List what is being weighed at the time the ticket is printed to include anything in tow: trailers, auto trailer with/without POV
- * If weight is not legible, write the weights, date, ticket number, to the side of the weight stamped- **DO NOT WRITE OVER STAMPED WEIGHT**



CONVEYANCE & WEIGHT TICS

Here are several examples of how members move their HHGs. Keep in mind some things you move or use to move your HHGs are not considered HHGs.

weighed full



weighed empty



weight tickets should list:

2012 Honda, rental trailer, motorcycle - Full

2012 Honda, rental trailer - Empty

Include POV & motorcycle registrations and paid rental contract for trailer in claim – THE MOTORCYCLE IS CONSIDERED HHGS

weighed full



weighed empty



weight tickets should list:

ABC Moving Company trk # 8675309 - Full

ABC Moving Company trk # 8675309 - Empty

Include paid contract from moving company

These items are NOT considered HHGs (weight of these items will NOT be considered HHGs)

- *tow dolly
- *auto transport
- *rental trailer
- *personally owned trailer (other than POT defined in JTR)
- *POV



CONVEYANCE & WEIGHT TICS cont.

weighed full



weighed empty



IF YOU USE A POV AND CARGO TRAILER
weight tickets should list
2010 Chevy truck & POT Full
2010 Chevy truck & POT Empty
Include POV & POT registrations in claim



IF YOU DO NOT WEIGH POV WITH CARGO TRAILER EMPTY
2010 Chevy truck & POT Full
2010 Chevy truck Empty
Include POV & POT registrations in claim – IF WEIGHT OF POT IS
NOT LISTED ON REGISTRATION; SUBMIT AN EMPTY WEIGHT
TICKET FOR TRAILER- **CARGO TRAILER NOT CONSIDERED
HHGS**

weighed full



weighed empty



IF YOU USE A RENTAL TRUCK AUTO TRAILER FOR YOUR POV
weight tickets should list
26' rental truck; auto trailer w/2010 Honda Civic Full
26' rental truck; auto trailer w/2010 Honda Civic Empty
Include paid rental contract for truck, auto trailer and registration of POV
in tow (POV in tow should also be listed on the rental contract)



IF YOU DO NOT WEIGH RENTAL TRUCK WITH POV ON AUTO TRAILER
weight tickets should list
26' rental truck; auto trailer w/2010 Honda Civic Full
26' rental truck; auto trailer without POV Empty
Include paid rental contract for truck, auto trailer and registration of POV
in tow –if registration does not list weight of POV, submit empty weight
for POV – **POV IS NOT CONSIDERED HHGS**

BOTTOM LINE: in order to get the weight of your HHGs, the conveyance must be weighed empty and full *if there is anything in tow when you weigh the rental truck/POV full – be sure rental truck/POV along with what is in tow is weighed empty



Authorized Expenses

(Expenses are NOT reimbursed)

Purchased consumable boxes and packing material (can be thrown away) less sales tax.



Rented
Equipment



Rented Equipment





PPM CHECKLIST/EXPENSE CERTIFICATION

All documents submitted MUST be LEGIBLE and COMPLETE. Illegible or incomplete submissions will be returned for corrective action.

A COMPLETE PPM CLAIM PACKAGE WILL INCLUDE THE FOLLOWING DOCUMENTS (If Applicable):

- TVCB WEBSITE: www.logcom.marines.mil/Capabilities/Personally-Procured-Move/



ORDERS

Travel Line of Accounting (LOA)/Standard Document Number (SDN) must be on Orders in order to process claim.

Original Orders

USMC WEB ORDERS

NAVMC 11060

ORIGINAL ORDERS



UNITED STATES MARINE CORPS
MARINE CORPS RECRUIT DEPOT/EASTERN RECRUITING REGION
PARRIS ISLAND, SC 29905

IN REPLY REFER TO
1320
RAC
12 Nov 13

From: Commanding General, [REDACTED]
To: Private [REDACTED]

Subj: RECRUIT TRANSFER

1. Delivered. Effective 1100, 13 December 2013, you will stand detached from your present station and duties and are directed to report by 1300, 24 December 2013, to the Commanding Officer (CO), School of Infantry (SOI), Camp Geiger Bldg #6644, MCB, Camp Lejeune, NC 28542 (MCC JA4) for TEMINS. Your dependents and privately owned vehicles are not authorized at this temporary duty station.

2. You will notify the CO, SOI of your new duty station of any changes to your address. Any request for leave extensions will be made to the CO, ephonically. During working hours contact (910) 449-0441/2/3 or after hours, weekends and holidays contact (910) 449-0179.

are directed to submit your orders to the disbursing officer within working days after completion of travel to settle travel expenses.

all listed transportation account code (TAC) Standard Document Numbers applicable to this order due to tour length and location. Please refer appropriate transportation orders for the application entitlements.

Travel and Per Diem:

SDN: M7000214CTA16Y7 LOA: 1741105.2750 217 41690 067443 2D 000000 000000000000

CIC: 67000214CTA16Y7

House Hold Goods:

SDN: M7000114CB0M7C4 LOA: 1741105.2750 220 41690 067443 2D 000000 M7C400000000

L. E. Reynolds
L. E. REYNOLDS
Commanding General

Generated by TailPOF.NET Evaluation

USMC WEB ORDERS

PERSONAL ORDERS INFORMATION

NAME: [REDACTED]
RANK: [REDACTED]
SSN: [REDACTED]
PMOS: [REDACTED]
FUTURE MCC: [REDACTED]
ESTIMATED DATE OF DEPARTURE: [REDACTED]
ESTIMATED DATE OF ARRIVAL: [REDACTED]
ISSUED DATE: [REDACTED]
PRESENT MCC: [REDACTED]
PRESENT MCC DESCRIPTION: [REDACTED]

MCTFS TRANSACTION INFORMATION

TRANSACTION DATE: 30/09/14 2:05:00 PM

TRANSACTION TYPE: 010

PCS CONUS TO CONUS (DIFOP) 1. DIR SNO RPT MLT 25 JUL 2014 TO CO MAC-26 20MAY NEW RIVER NC (MCC LK3). DUTY IN FLYING STATUS INVOLVING OPERATIONAL FLIGHTS (DIFOP). 2. INCLUDE IN ORDERS ISSUED: EXECUTION OF THESE ORDERS INCURS A TWO-YEAR SERVICE OBLIGATION UPON ARRIVAL AT GAINING COMMAND. REQUEST FOR RETIREMENT/RESIGNATION WILL BE IN ACCORDANCE WITH MARINE CORPS ORDER P1900.16 3. DELAY AUTHORIZED IAW MCO P1900.3 PAR 2009. CURRENT EDITIONS OF MCO P1900.16 PAR 4400, MCO P1900.22 AND MCO P1900.33 APPLY. 4. TR CHAP 3 APPLIES. 4. MARINES ARE ENCOURAGED TO ACCESS THE MOST CURRENT INFORMATION ON FAMILY MEMBER TRICARE PRIME AND TRANSFER ENROLLMENT TO THE NEW REGION VIA THE ONLINE WEBSITE AT WWW.TRICARE.MIL/ENROLLMENT.

MARINE CORPS ACTIVE DUTY PERMANENT CHANGE OF STATION (PCS) ORDERS HAVE BEEN ASSIGNED A STANDARD DOCUMENT NUMBER (SDN). CUSTOMER IDENTIFICATION CODE (CIC) AND LINES OF ACCOUNTING CONTAINING FISCAL YEAR, CDS ASSOCIATED TO THIS ORDER IS TO BE RECORDED AND TRACKED UTILIZING THE SDN, CIC AND LGA'S ASSIGNED.

CUSTOMER IDENTIFICATION CODE

TITLE:00154CTB1VW														
ITEM	TAC	ACRN	DC	FY	APPM	SUBM	OSC	RCN	SA	AAA	TTC	PAA	COST CODE	SDN
HHS	M854	AA	17	4	1105	2750	220	41690	067443	2D	000000	M50400000000	M7000114CB0M654	
ITGBL Trans	M854													
Mobile Home	M854													
Non Temp Storage	M854													
POV Shipyard	M854													
POV Storage	M854													
Travel	M854	AA	17	4	1105	2750	217	41690	067443	2D	000000	00000000000000	M7000014CTB1VW	
Unaccompanied Baggage	M854													

Tricare Management Offices should refer to Marine Corps Bulletin 4610 for the assignment of the appropriate Transportation Account Code (TAC) and Marine Corps Bulletin 4631 when arranging transportation for the movement of personnel.

*** End of Orders ***

SEPARATION/TRAVEL PAY CERTIFICATE

NAME: 11060 (REV 10-11) (Previous editions will not be used)

REV: 0106-CP-045-0100 S/N: 7436 OF 100

DTMS Document ID: [REDACTED]

PART I - COMMANDING OFFICER										
UNIT	[REDACTED]								DATE	20140716
NAME (Last, First, Middle Initial)	[REDACTED]								RANK	SGT
EDIP	[REDACTED]								SSN	20060605
ACTIVE FOR SEPARATION AND PROGRAM REQUIREMENT CODE										
KBK1 - COMPLETION OF REQUIRED ACTIVE SERVICE 20140714										
REASON <input type="checkbox"/> RETIRED <input checked="" type="checkbox"/> DISCHARGE <input type="checkbox"/> RETIREMENT <input type="checkbox"/> RESIGNATION <input type="checkbox"/> TRANSFER TO FMCS <input type="checkbox"/> TRANSFER TO TOL/POL										
TYPE OF DISCHARGE <input checked="" type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER THAN HONORABLE <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE										
REASON FOR SEPARATION <input type="checkbox"/> FROM ORDERED TO ACTIVE DUTY										
PAY INFORMATION										
RECOGNITION BONUS: <input type="checkbox"/> YES <input type="checkbox"/> NO AUCUPP REINSTATEMENT BONUS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>										
COST PAY: <input type="checkbox"/> FULL <input type="checkbox"/> HALF ACTIVE SERVICE _____ YEARS _____ MONTHS										
FACILITY SEVERANCE PAY: <input type="checkbox"/> YES <input type="checkbox"/> NO ACTIVE SERVICE _____ YEARS _____ MONTHS										
CURRENT MOBILIZATION RESERVE ABSENCE (PMSA) FROM (LINE AND DATE): _____										
DATE: _____										
<input checked="" type="checkbox"/> LEAVE SEPARATION (NUMBER OF DAYS 25.0) FROM (TIME AND DATE) 1201 20/40019										
DATE: 2309 20/4014										
<input type="checkbox"/> IF NAVY RELIEF SOCIETY LOAN _____ <input type="checkbox"/> YES <input type="checkbox"/> NO										
<input type="checkbox"/> IF SELLING BACK 40.0 DAYS OF LEAVE, MGR LOST 14 DAYS OF LEAVE										
ACCOUNTING/APPROPRIATION DATA - ACCOUNTING CLASSIFICATION FOR SEPARATION										
APPROPRIATION SYMBOL	OBJECT	HURRAID	SDS	ACTORIZING	TRANS	PROPERTY	COST			
AND FUND	CLASS	COMP NO	ALLOP	ACCOUNTING ACTIVITY	TYPE	ACCOUNTING ACTIVITY	CODE			
1741105.2750	M700014CTB1VW	217	41690	067443	2D	000000	000000000000			
1741105.2750	M700014CTB1VW	220	41690	067443	2D	000000	M7C400000000			
<input type="checkbox"/> DATA CONTAINED IN MCTFS IS CORRECT AND MAY BE USED TO SUBstantiate DEFERRED FOR TRAVEL CLAIM										
SIGNATURE OF COMMANDING OFFICER/CERTIFYING OFFICER _____ DATE _____										
PART II - MARINE										
APPELLATE LEAVE ACTION (IF APPLICABLE)										
A. <input type="checkbox"/> I do <input type="checkbox"/> DO NOT elect payment _____ days RLE and _____ days SLE in connection with involuntary appellate										
B. In connection with voluntary appellate leave, I understand that I will remain in a pay status until my current leave balance of _____ days is used, and will enter an excess leave status thereafter.										
C. I understand that my leave balance of _____ days excess leave and that I will be charged pay and allowances for each day of excess leave.										
TRAVEL ELECTION										
<input checked="" type="checkbox"/> I DO NOT ELECT to be paid an advance separation travel allowance.										
<input type="checkbox"/> I ELECT to be issued a Government Transportation Request(s) for travel for myself and my dependents from _____ to _____										
<input type="checkbox"/> I ELECT to be paid advance travel allowances for myself and my _____ dependent(s) from _____ (City, State) to _____ (City, State) by _____ (City, State) on _____ (Date of departure)										
Permanent Housing Address after separation: _____										
Phone Number after separation: _____										
E-MAIL Address after separation: _____										
The amount advanced is a partial advance and the remaining amount due will not be paid unless and until a travel claim is submitted for travel actually performed. Submit to _____ (Complete address of the disbursing office paying the advance)										
I UNDERSTAND that in the event I or my dependents do not perform the travel as indicated above, or travel is performed for a lesser distance, an adjustment of the final amount due will be required. In the event I fail to file a travel claim upon completion of travel, the entire amount of the advance becomes due and payable to the United States Government.										
I UNDERSTAND that adjustments to my Master Military Pay Account (MMPA) may be processed after my separation and that any additional pay or indebtedness notification caused by adjustments will be provided to me. Allowance and pay checks or direct deposit payments received after separating must be returned to the Defense Finance & Accounting Service (DFAS), Cleveland, OH. I should contact the DFAS (877) if I have any questions.										
SIGNATURE OF MARINE _____ DATE _____										



POWER OF ATTORNEY

OPTIONAL

- ☐ Submit a POA with your claim if someone other than you, the member, will be contacting TVCB for information regarding your PPM claim.
- ☐ We will only speak to you or the person that is designated by a POA.

Power of Attorney for Financial Management
by Documatrix Legal Forms Inc.

NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY

A durable power of attorney is an important legal document. By signing the durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:

Your agent has no duty to act unless you and your agent agree otherwise in writing.

This document gives your agent the powers to manage, dispose of, sell, and convey your real and personal property, and to use your property as security if your agent borrows money on your behalf. This document does not give your agent the power to accept or receive any of your property, in trust or otherwise, as a gift, unless you specifically authorize the agent to accept or receive a gift.

This document does not authorize anyone to make medical or other health care decisions. You may execute a health care proxy (also known as a health care or medical power of attorney) to do this.

Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless you provide otherwise in this power of attorney. The powers you give your agent will continue to exist for your entire lifetime, unless you state that the durable power of attorney will last for a shorter period of time or unless you otherwise terminate the durable power of attorney. The powers you give your agent in this durable power of attorney will continue to exist even if you can no longer make your own decisions respecting the management of your property.

You can amend or change this durable power of attorney only by executing a new durable power of attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this durable power of attorney at any time, so long as you are competent.

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INFO

DO NOT LOAD YOUR POV, POT, RENTAL VEHICLES OR TRAILERS WITH UNAUTHORIZED ITEMS TO INCREASE YOUR WEIGHT. HERE ARE A FEW EXAMPLES OF WAYS MEMBERS ATTEMPTED TO DEFRAUD THE GOVERNMENT.



Is it worth it??

NO!





HOW TO SUBMIT CLAIM

- ❑ Local USMC DMO via DTMS
- ❑ For retiring or separating members, scan and email to logcom.tvcbclaims@usmc.mil in ONLY pdf file not to exceed 5MB. If more than 5MB, submit claim in multiple emails. Be sure your last name and the last 4 of your SSN is listed in the subject line – look over your claim after scanned and before sending to be sure it is legible. We cannot access documents attached using GOOGLE DRIVE or ICLOUD.
- ❑ For supplemental documents: scan and email-address above or Fax (229) 639-7367 ATTN: TVCB Customer Service - ONLY pdf file not to exceed 5MB
- ❑ Mail (USPS)**, FedEx, or UPS to:
*COMMANDING GENERAL
TRANSPORTATION VOUCHER CERTIFICATION BRANCH (TVCB)
BLDG 3700 RM 315
814 RADFORD BLVD SUITE 20262
ALBANY GA 31704-0262*
**NOTE: It is recommended to send Return Receipt Requested with regular USPS mail.
- ❑ TVCB PPM/DITY Line: (229) 639-6575 M-W-F 8 am – 4 pm EST T & TH 8 am – 12pm EST
Note: Please allow 45 days from submission date before inquiring on status-when leaving a message we need your name, last 4 of SSN, contact number, and a brief message. Please speak clearly.



HOW TO SUBMIT NAVY CLAIMS

- ❑ For Navy members: HHG-Audit_PPM_Claims.fct@navy.mil
- ❑ Mail option: Via regular mail (USPS), FedEx, or UPS to:
BUSINESS SUPPORT DEPARTMENT
FISCN IN HHG AUDIT TEAM DIVISION CODE 302
1968 GILBERT STREET SUITE 600
NORFOLK VA 23511-3392



Personally Procured Move PPM Section

Thank you

for your
Service

Semper Fi